



2014

RETIREE BENEFIT GUIDE



**It's Time for Your
Benefits Check-Up!**



As a retiree with the City of Arlington, you will need to make a number of important benefit decisions in the 30 days prior to your retirement and annually thereafter. This booklet provides a summary of the retiree benefits offered by the City. Additional resources are available on the City website www.arlingtontx.gov. You can click on the **Retiree** link located at the bottom right corner of the main page for information.

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Warning: Any intentional false statement in your enrollment or willful misrepresentation relative thereto is a violation of City policy subject to disciplinary action and/or financial restitution.

REQUIRED NOTICE: If you have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you choices about your prescription drug coverage. Please see page 21 for more details.

**See Back Cover
for Vendor
Contact
Information**

Benefit Overview



Welcome to the City of Arlington. This document is intended to give you basic information about benefit plan options available to you. The City reserves the exclusive right to terminate, amend or modify plans, coverage and cost of retiree benefits. This guide is only a summary of your benefits. Where disparities exist between this guide and the insurance contracts, the insurance contracts will dictate.

Retiree Eligibility for Insurance

The following conditions must be met to be considered a Retiree of the City of Arlington and be eligible to elect insurance benefits:

- 1) TMRS eligible for retirement
- 2) Electing your TMRS pension benefits at time of separation from the City of Arlington

The City offers you the opportunity to enroll or change benefits for the following reasons:

- 1) Loss of Coverage
- 2) Annual Enrollment (change of plan or coverage level only)
- 3) Family Status Change (change of plan or coverage level only)

Effective January 1, 2014, the following changes related to retirement from the City take effect:

- To be a qualified Retiree eligible for insurance benefits, the retiring retiree must elect to receive their pension from the Texas Municipal Retirement System (TMRS) at time of separation from the City.
- A City of Arlington Retiree is eligible for medical, dental and vision benefits with the City, regardless of number of years worked for the City. (removal of 10-year rule)
- Years of service with the City of Arlington (consecutive or combined) determines the Retiree's level of City-paid subsidy toward medical insurance. *NOTE: employees hired after 2006 or with less than 10 years of service with the City are not eligible for the City subsidy.*
- An employee planning to retire has until the end of the month in which they terminate employment to elect retiree insurance benefits.
- Retiree insurance benefits become effective the first of the month following retirement date.
- Retirees must waive medical insurance coverage with the City if eligible for an employer-based medical plan due to full time employment with that employer. The Retiree (and eligible dependents) may re-elect coverage with the City upon loss of coverage.
- Retirees who retire prior to age 50 are not eligible for a City subsidy until the first of the month after they reach age 50. The Retiree is responsible for contacting the City at that time.

How do I qualify for City Contribution?

- Hired prior to January 1, 2006
- TMRS Eligible & Electing Pension Payments
- Age (min age 50) plus years of service with the City of Arlington must equal at least 70.

Medicare Card Requirement

The Centers for Medicare and Medicaid have established coverage rules to determine which plan is considered primary and secondary when an individual becomes eligible for Medicare. Eligibility may be due to a disability prior to age 65 and/or attainment of age 65. Benefits under the City's plans may be reduced when you or a covered family member become eligible for Medicare based on Federal regulations.

It is the retiree's responsibility to notify Human Resources of any covered family member's eligibility for Medicare and to provide a copy of the individual's Medicare card.

Dependent Eligibility

Eligible Dependents	Documentation Required for Enrollment	Due Dates
Spouse	<ul style="list-style-type: none"> • Marriage License • Most Recent Joint Tax Return • Informal Marriage Form (recognized by court) 	30 days
*Child / Stepchild	<ul style="list-style-type: none"> • Birth Certificate 	30 days
*Other Dependent Child	<ul style="list-style-type: none"> • Court order for Guardianship or Conservatorship signed by a Judge 	30 days
*Adopted Child	<ul style="list-style-type: none"> • Adoption Documents & Birth Certificate 	30 days
*Child Placed for Adoption	<ul style="list-style-type: none"> • Placement Documents & Birth Certificate 	30 days
*Qualified Medical Support Order	<ul style="list-style-type: none"> • Notification from State Attorney General 	As directed by AG's Order
*Other Medical Support Order directed to the City of Arlington	<ul style="list-style-type: none"> • Copy of Court Order to City of Arlington 	30 days
A Child incapable of self-sustaining employment due to a mental or physical disability when the child is enrolled in the City medical plan the day before age 26.	<ul style="list-style-type: none"> • Attending Physician Statement 	30 days
*Dependent must be less than 26 years old		

Annual Audit of Selected Retirees

Annually, we may conduct an audit requiring selected retirees to provide documentation proving eligibility of covered dependents. Those contacted will receive a list of acceptable documentation based upon the type of dependent enrolled. If sufficient documentation is not provided within a 30 day period, coverage will be dropped and/or denied. Providing dependent information that is false and inaccurate can result in disciplinary action, up to and including termination of coverage and/or employment. This process is intended to confirm that you have enrolled only qualifying family members under the terms of the benefit plans.

2014 Plan Updates

This Benefit Guide includes the plan designs and rates for the 2014 plan year. This guide is intended to provide you with a Summary of Material Modifications of all plans. In 2014, the City will incorporate the following plan modifications:

UNDER AGE 65

A. Medical Plan

The City will offer two medical plans in 2014. The Plus Medical Plan has been eliminated beginning with the 2014 Plan year. Other changes include renaming of our two remaining medical plans as follows:

1. The Value Plan is now the **High Deductible Health Plan (HDHP)**.
2. The Core Plan is now the **Exclusive Provider Plan (EPO)**.

B. Urgent Care & Emergency Room

In 2014, the following copays have been added for Urgent Care and Emergency Room visits:

Urgent Care: \$50.00 copay per visit

Emergency Room: \$250.00 copay per visit (NOTE: waived if admitted to hospital)

*All copays apply to the total out-of-pocket maximum of the plan you are enrolled.

C. Prescription Plan

The City has added zero (\$0.00) copay for many maintenance medications effective January 1, 2014. Members are encouraged to check www.myuhc.com for these covered medications and view a listing of other covered alternative medications and the cost for each. The \$0.00 co-pay medications will be available for you to view on www.myuhc.com beginning January 1, 2014.

D. Change to End Date for Insurance Plan Coverage

Effective January 1, 2014, the medical, dental and vision plans will continue until the last day of the month in which eligibility for coverage is lost. Premiums are paid by retirees monthly, so refunds are not necessary.

AGE 65 AND OLDER

- Effective January 1, 2014, the City sponsored Age 65+ health care coverage will be offered under the new UnitedHealthcare (UHC) Medicare Solutions Connector Model. This will include a retiree choice of either a Medicare Advantage Plan or one of several AARP Medicare Supplement Insurance Plans, in addition to Part D prescription plan options. You will be able to select the best plans that meet your needs.
- The City will continue to contribute toward the cost of your health care coverage. This is done through a subsidy that will help pay the monthly plan premium(s) for the coverage you choose. The City contribution is based on the year of retirement and years of service with the City of Arlington. Note: \$50 of your subsidy will automatically be applied toward the Medicare Part D plan selected.
- Materials will be mailed by UHC to retirees eligible for this coverage. To review your coverage options, premiums and answer questions, speak directly with a UHC professional by calling 877-791-9964 TTY 711. They are available Monday through Friday 8 a.m. to 8 p.m. Central time.

Under Age 65 Medical Rates – Pre 2008

The following rate tables show the amount of retiree premium based on date of retirement, plan selection, years of service with the City of Arlington, and coverage level. Note that benefits, rates, available plans and City of Arlington contribution are subject to change annually.

Retired BEFORE January 1, 2008						
Plan Name	HDHP (High Deductible Health Plan)					
Total Premium	\$495.32	\$1,047.61	\$825.71	\$1,471.11	\$552.29	\$975.79
Coverage Level =	RET Only	RET + Spouse	RET + Child(ren)	RET + Family	Spouse Only	Spouse + Child(ren)
Years of Service						
30+	\$0.00	\$147.61	\$0.00	\$571.11	\$252.29	\$675.79
25-29	\$0.00	\$222.61	\$0.71	\$646.11	\$277.29	\$700.79
20-24	\$0.00	\$297.61	\$75.71	\$721.11	\$302.29	\$725.79
15-19	\$45.32	\$372.61	\$150.21	\$796.11	\$327.29	\$750.79
10-14	\$95.32	\$447.61	\$225.71	\$871.11	\$352.29	\$775.79
0-9	\$495.32	\$1,047.61	\$825.71	\$1,471.11	\$552.29	\$975.79
Plan Name	EPO (Exclusive Provider Organization)					
Total Premium	\$551.06	\$1,165.49	\$918.62	\$1,636.64	\$614.43	\$1,085.58
Coverage Level =	RET Only	RET + Spouse	RET + Child(ren)	RET + Family	Spouse Only	Spouse + Child(ren)
Years of Service						
30+	\$0.00	\$265.49	\$18.62	\$736.64	\$314.43	\$785.58
25-29	\$1.06	\$340.49	\$93.62	\$811.64	\$339.43	\$810.58
20-24	\$51.06	\$415.49	\$168.62	\$886.64	\$364.43	\$835.58
15-19	\$101.06	\$490.49	\$243.62	\$961.64	\$389.43	\$860.58
10-14	\$151.06	\$565.49	\$318.62	\$1,036.64	\$414.43	\$885.58
0-9	\$551.06	\$1,165.49	\$918.62	\$1,636.64	\$614.43	\$1,085.58

Under Age 65 Medical Rates – Post 2008

The following rate tables show the amount of retiree premium based on date of retirement, plan selection, years of service with the City of Arlington, and coverage level. Note that benefits, rates, available plans and City of Arlington contribution are subject to change annually.

<i>Retired AFTER January 1, 2008 (no Dependent Contribution)</i>						
Plan Name	<u>HDHP (High Deductible Health Plan)</u>					
Total Premium	\$495.32	\$1,047.61	\$825.71	\$1,471.11	\$552.29	\$975.79
Coverage Level =	RET Only	RET + Spouse	RET + Child(ren)	RET + Family	Spouse Only	Spouse + Child(ren)
Years of Service						
30+	\$0.00	\$447.61	\$225.71	\$871.11	\$552.29	\$975.79
25-29	\$0.00	\$497.61	\$275.71	\$921.11	\$552.29	\$975.79
20-24	\$0.00	\$547.61	\$325.71	\$971.11	\$552.29	\$975.79
15-19	\$45.32	\$597.61	\$375.21	\$1,021.11	\$552.29	\$975.79
10-14	\$95.32	\$647.61	\$425.71	\$1,071.11	\$552.29	\$975.79
0-9	\$495.32	\$1,047.61	\$825.71	\$1,471.11	\$552.29	\$975.79
Plan Name	<u>EPO (Exclusive Provider Organization)</u>					
Total Premium	\$551.06	\$1,165.49	\$918.62	\$1,636.64	\$614.43	\$1,085.58
Coverage Level =	RET Only	RET + Spouse	RET + Child(ren)	RET + Family	Spouse Only	Spouse + Child(ren)
Years of Service						
30+	\$0.00	\$565.49	\$318.62	\$1,036.64	\$614.43	\$1,085.58
25-29	\$1.06	\$615.49	\$368.62	\$1,086.64	\$614.43	\$1,085.58
20-24	\$51.06	\$665.49	\$418.62	\$1,136.64	\$614.43	\$1,085.58
15-19	\$101.06	\$715.49	\$468.62	\$1,186.64	\$614.43	\$1,085.58
10-14	\$151.06	\$765.49	\$518.62	\$1,236.64	\$614.43	\$1,085.58
0-9	\$551.06	\$1,165.49	\$918.62	\$1,636.64	\$614.43	\$1,085.58

Medical Plan - City Contribution

The following tables show the maximum amount of City contribution that will be applied toward the medical insurance for retirees of the City of Arlington. The City contribution is based on date of retirement, years of service with the City of Arlington and age. Upon turning age 65, Medicare becomes primary. Note that benefits, rates, available plans and the City of Arlington contribution are subject to change annually.

<i>Retired BEFORE January 1, 2008</i>				
YOS ↓	MAXIMUM CITY CONTRIBUTION RETIREE		MAXIMUM CITY CONTRIBUTION SPOUSE	
	Under Age 65	Age 65 Plus*	Under Age 65	Age 65 Plus*
<u>30+</u>	\$600	\$300	\$300	\$150
<u>25 - 29</u>	\$550	\$275	\$275	\$137.50
<u>20 - 24</u>	\$500	\$250	\$250	\$125
<u>15 - 19</u>	\$450	\$225	\$225	\$112.50
<u>10 - 14</u>	\$400	\$200	\$200	\$100
<u>0 - 09</u>	\$0	\$0	\$0	\$0

<i>Retired AFTER January 1, 2008 (No Dependent Contribution)</i>		
YOS ↓	MAXIMUM CITY CONTRIBUTION RETIREE	
	Under Age 65	Age 65 Plus*
<u>30+</u>	\$600	\$300
<u>25 - 29</u>	\$550	\$275
<u>20 - 24</u>	\$500	\$250
<u>15 - 19</u>	\$450	\$225
<u>10 - 14</u>	\$400	\$200
<u>0 - 09</u>	\$0	\$0

*Subsidy will be split - \$50.00 of the total subsidy will be applied toward the Medicare Prescription Drug Plan elected by Retiree.

Dental/Vision Rates

2014 Retiree Monthly Rates - Delta Dental Plans

Coverage Level	DHMO	Low PPO	High PPO
Retiree / Surviving Spouse Only	\$10.92	\$13.87	\$33.47
Retiree / Surviving Spouse + 1 Dependent	\$22.03	\$27.49	\$66.26
Retiree / Surviving Spouse + 2 or more Dependents	\$33.06	\$48.39	\$116.61

2014 Retiree Monthly Rates - Superior Vision Plan

Coverage Level	Vision
Retiree / Surviving Spouse Only	\$4.32
Retiree / Surviving Spouse + 1 Dependent	\$8.98
Retiree / Surviving Spouse + 2 or more Dependents	\$13.70



Under Age 65 Medical Plan Summary

BENEFITS	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	EXCLUSIVE PROVIDER PLAN (EPO)
Calendar Year Deductible (CYD)	\$1,500 Individual \$3,000 Family <i>(Individual deductible applies to retiree-only coverage. For all other levels of coverage, full deductible must be met.)</i>	\$1,000 Individual \$2,000 Family
Annual Prescription Deductible	Included with CYD (medical & pharmacy claims combined)	\$2,000*
Calendar Year Total Out-of-Pocket Maximum <i>(deductible, coinsurance and copays combined)</i>	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family
Coinsurance	Member pays 10%	Member pays 20%
Office Visit—Primary & Specialist	After deductible met, member pays 10%	After deductible met, member pays 20%
Preventive Care	Covered at 100%; member pays \$0	Covered at 100%; member pays \$0
Lab Services	After deductible met, member pays 10%	After deductible met, member pays 20%
Urgent Care Center	After deductible met, \$50.00 copay	\$50.00 copay
Emergency Room	After deductible met, \$250.00 copay <i>(waived if admitted)</i>	\$250.00 copay <i>(waived if admitted)</i>
Inpatient Hospital	After deductible met, member pays 10%	After deductible met, member pays 20%
Outpatient Services	After deductible met, member pays 10%	After deductible met, member pays 20%
Mental Health	After deductible met, member pays 10%	After deductible met, member pays 20%
Pharmacy (local and mail order)	After deductible met, member pays 10%	Co-insurance by tier: Tier 1 = 15%, Tier 2 = 25%, Tier 3 = 40%, Tier 4 = 50%** **specialty pharmacy
Lifetime Maximum	Unlimited	Unlimited

This comparison of benefits is a basic summary for the medical/pharmacy plans. Refer to the Summary Plan Description for the complete schedule of benefits located at www.Arlingtontx.gov.

Medical Coverage terminates the last day of the month in which you are no longer eligible for benefits.

*The prescription plan for the EPO has a separate \$2,000 out-of-pocket expense maximum per participant. The Plan pays 100% of a participant's eligible prescriptions for the remainder of the calendar year once the maximum is met. This \$2,000 does not go toward meeting the EPO medical plan deductible or annual out-of-pocket maximums.

Individual Health Savings Account (HSA)

Current regulations allow individuals enrolled in a high deductible health plan and that meet IRS eligibility criteria to contribute to an individual Health Savings Account (HSA). Optum Bank is the exclusive HSA administrator for the City of Arlington. To enroll in an Optum Bank Health Savings Account, go to www.myuhc.com and complete the online application. You may call 1-866-234-8913, 8:00 AM – 8:00 PM ET for help with the application.

What are the benefits of an HSA?

- You can claim a tax deduction for contributions you, or someone other than the City, make to your HSA bank account even if you do not itemize your deductions on Form 1040.
- The contributions remain in your bank account from year to year until you use them.
- The interest or other earnings on the assets in your bank account are tax free.
- Distributions may be tax free if you pay qualified medical expenses (IRS Publication 969).

Do I Qualify for an HSA Account?

It is very important that you verify your eligibility prior to making contributions to an HSA bank account. IRS Publication 969 is available at www.irs.gov for your review of their eligibility criteria.

How much may I contribute to the HSA?

Contribution levels change each year. The Internal Revenue Code also allows a catch-up provision for participants who attain age 55 any time in 2014.

Optum Bank HSA Maximum Annual Contributions	
HDHP - Retiree Only Coverage	\$3,300
HDHP - Retiree Plus 1 or More	\$6,550
Age 55 Catch-Up (Age 55 by 12/31/14)	\$1,000

For questions regarding HSA plan eligibility, review IRS Publication 969 or contact your tax advisor.



Retiree Assistance Program – CARE24

The City of Arlington provides full-time retirees with a retiree assistance program known as Care24. Life is full of ups and downs, but with Care24, you've got a great source of health information and support. You may have health concerns, personal or family issues, or work-related challenges. Care24 services give you access to a wide range of health and well-being information through one toll-free telephone number. When you call Care24, you can speak with a registered nurse or master's level counselors who can help with almost any problem ranging from medical and family matters to personal legal, financial and emotional needs. Key components of the program include:

- 24/7 Phone Access to Master's-level counselors for behavioral health concerns and community resources
- NurseLine Services provides 24/7 Phone Access to Registered Nurses for medical issues
- More than 1,100 health and wellbeing audio messages
- Three (3) Face-to-Face Counseling Visits at No Cost
- Legal, Mediation and Financial Services
- Same Mental Health/AODA provider network as Medical Plan

Care24 nurses and counselors can help you and your families identify and address life and work related concerns. Take advantage of Care24 by calling 1-888-887-4114. Remember, they are available 24 hours a day, 7 days a week.

Search for a clinician online at: www.liveandworkwell.com



Retirees Age 65+

Effective January 1, 2014, Age 65+ Retiree healthcare coverage will be changing. The current Group plans provided by the City of Arlington will be ending as of December 31, 2013. Retirees may purchase new health care plans from UnitedHealthcare® Medicare Solutions Connector Model.

UnitedHealthcare will mail a personalized Enrollment Kit to the home address of retirees approaching age 65. You will then be able to call the phone number provided to get more information about the plans available to you and how to enroll. If you do not receive an Enrollment Kit, please call Human Resources.

For eligible retirees and spouses, the City of Arlington will continue to contribute toward the cost of your healthcare coverage. This is done through a subsidy that will help pay the monthly plan premium(s) for the coverage you choose. The City contribution is based on the year of retirement and the total years of eligible service with the City of Arlington. Please see the subsidy chart on Page 7.

IMPORTANT: All medical and pharmacy coverage in the Under Age 65 plans will end on the last day of the month prior to the month you become 65. You must enroll in Medicare Part A and B in order to enroll in the Medicare plans.

1. Why is the City of Arlington switching to individually owned Medicare insurance plans?

As a way to provide greater flexibility and coverage choices for our retirees, we have chosen to work with UnitedHealthcare Connector Model starting January 1, 2014. UnitedHealthcare's AARP Medicare Supplement, Medicare Part D, and Medicare Advantage Plans have millions of insured members and a large number of plan options. Providing you with additional choices at competitive rates is the key reason for this change.

2. Will this change impact Medicare Part A or Part B which I already have?

No. This change only impacts the Group Medicare Advantage Plan and Group Medicare Part D prescription coverage currently offered by the City of Arlington.

3. What options will I have to choose from?

In nearly every state, there are up to seven AARP Medicare Supplement Insurance Plans to choose from. Plans vary in MA, MN, and WI. Additionally, UnitedHealthcare offers Medicare Advantage Plans and Medicare Part D prescription drug plans.

4. What will be the benefits of choosing a \$0 monthly premium Medicare Advantage Plan?

Because Medicare Advantage plans vary based on the area in which you live, the below may be available to you:

- *Prescription drug coverage included*
- *SilverSneakers*
- *\$0 co-pay primary doctor office visit*
- *\$0 co-pay Tier 1 drugs-even in the coverage gap*
- *\$3,900 out-of-pocket maximum*

5. What are the standard Medicare supplement insurance plans?

All Medicare supplement insurance plans offer the same basic benefits, no matter which insurance company sells it. They're designed to help pay some or all of your out-of-pocket costs that Medicare Parts A and B don't pay. Benefit levels vary by plan, so you can choose the coverage to best meet your healthcare needs.

6. Which Medicare supplement insurance plan most resembles our current City of Arlington coverage?

The City currently offers AARP Plan K and Plan F Medicare supplement insurance plans.

7. Is this a policy that I will own? To whom will I pay premiums?

*Once you select the plan that best suits your needs, you will be the owner of the policy and you will remit plan premiums directly to UnitedHealthcare. Plan premiums will **no longer be collected by the City of Arlington**. If you are a retired Public Safety Officer and currently have your insurance premiums deducted from your TMRS check, you will need to complete a new TMRS-HLPS form with the payment information and return it to TMRS by mail or fax. This form can be found at www.TMRS.com.*

8. Can my policy ever be cancelled by UnitedHealthcare?

No – as long as you pay the required plan premiums on time.

9. What if I don't want to purchase coverage through UnitedHealthcare?

You may choose your own coverage from another carrier. **PLEASE NOTE: If eligible for a City contribution, your City contribution cannot be transferred to another carrier.**

10. When will I need to make my decision on coverage for 2014?

In October, UnitedHealthcare will mail a detailed enrollment package to your home. You will have until December 31, 2013 to make your final election.

11. My spouse and/or dependent is under age 65. What coverage will he/she receive?

Only Medicare-eligible individuals are allowed to enroll in UnitedHealthcare Medicare Plans. Your under age 65 spouse and/or dependents will continue to be covered through his/her City of Arlington coverage. Details regarding premiums for this coverage will be sent in a separate communication. Once your spouse reaches age 65 and becomes Medicare eligible, he/she will be sent information to enroll in coverage through UnitedHealthcare Connector Model.

12. How is the amount of my City contribution/subsidy determined?

The City contribution is based on the year of retirement and the total years of eligible service with the City of Arlington. **Note: you will not receive premium refunds. If your premium is more than the subsidy amount, you will be billed for the remaining balance. If your premium is less, you will not receive the difference and it cannot be applied to any other coverage (i.e., Rx, spouse).**

13. How does your subsidy arrangement work?

There is nothing you need to do. Once you are enrolled in your new health plan, **if** you are eligible for a contribution, the City will pay the subsidy directly to UnitedHealthcare. UnitedHealthcare will apply the subsidy to your monthly plan premium. Then, UnitedHealthcare will bill you for any premium amount that is left over.

14. Can I continue my Dental and/or Vision coverage with the City of Arlington?

Retirees, Surviving Spouses, and their eligible dependents may enroll in the City's dental and vision plans by completing the 2014 Retiree Benefit Election Form. This form can be found on the City website www.arlingtontx.gov. Scroll down to "COA Employee Corner" and click the "Retirees" link.

15. Are Dental plans available to me through UnitedHealthcare Connector Model?

There are two dental plans being offered which are available in most areas:

- ✓ UnitedHealthcare Dental ValueSM – lowest premiums. Best for network dentists (Not available in all ZIP codes.)
- ✓ UnitedHealthcare Dental PremierSM – pays more for non-network dentists.

Both plans:

- Cover preventive care with no deductible or waiting period.
- Give you access to one of the nation's largest networks of dentists.
- Cover basic and major dental services after a \$50 calendar-year, per person deductible and waiting periods.
 - Preventive has no waiting period
 - Basic dental services has a six-month waiting period
 - Major dental services has a twelve-month waiting period
- UnitedHealthcare Vision[®] coverage (including a discount on hearing aids) is also available if you select the UnitedHealthcare dental coverage.

16. To whom should I speak if I have questions?

You may call a toll-free phone number staffed by trained UnitedHealthcare professionals to review your coverage options, premiums and answer any questions. The phone representatives can help you select the plan that best suits your needs and will help you enroll. They are available Monday through Friday from 8:00 a.m. to 8:00 p.m. local time by calling 1-877-791-9964 TTY 711.

Dental Plan

Benefit Description	DeltaCare [®] USA TX15B DHMO*	Delta Dental PPO SM Low Option PPO**	Delta Dental PPO SM High Option PPO**
	Copayment	Delta Dental Pays***	Delta Dental Pays***
Office Visit Copay	\$5	N/A	N/A
DIAGNOSTIC - oral examinations, x-rays	\$0	80%	80%
PREVENTIVE - routine cleanings, fluoride treatment, space maintainers, sealants	Fixed copay according to fee schedule	80%	80%
BASIC BENEFITS – fillings	Fixed copay according to fee schedule	60%	80%
Endodontics (root canals)	Fixed copay according to fee schedule	50%	80%
Periodontics (gum treatment & periodontal cleanings)	Fixed copay according to fee schedule	50%	80%
Simple Oral Surgery (simple extractions)	Fixed copay according to fee schedule	50%	80%
Complex Oral Surgery (complex extractions and other oral surgery)	Fixed copay according to fee schedule	50%	50%
MAJOR BENEFITS - Crowns, inlays, onlays, cast restorations, bridges, dentures	Fixed copay according to fee schedule	50%	50%
IMPLANTS	Not a covered benefit	50%	50%
ORTHODONTIC BENEFITS	Fixed copay according to fee schedule (Adults & eligible dependent children)	Not Covered	50% (eligible dependent children)
DEDUCTIBLE (waived on D & P)	N/A	\$50 per person \$150 per family	\$50 per person \$150 per family
PLAN YEAR MAXIMUM	N/A	\$750 per person	\$1,500 per person
LIFETIME MAXIMUM FOR ORTHODONTIC	N/A	Not Covered	\$1,000 per person

*If you choose a DeltaCare USA plan, you must use a DeltaCare USA dentist for treatment. Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you. DeltaCare USA DHMO providers are located exclusively in Texas.

**Delta Dental PPO products offer freedom of choice of any dentist and you can maximize savings by utilizing PPO (in-network) dentists.

*** Low Plan – Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists; High Plan – Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 90th percentile for non-Delta Dental dentists.

This comparison of benefits is a basic summary only. Refer to www.Arlingtontx.gov for the plan document.

Dental Coverage terminates the last day of the month in which you are no longer eligible for benefits.

Vision Plan

You may elect vision coverage through Superior Vision. The plan pays benefits for annual exams and corrective lenses. You pay co-pays for exams and materials, and the plan pays for frames and lenses up to certain limits. Under this plan, you may use in-network or out-of-network vision care providers, but you receive greater benefits when you use in-network providers. The plan will pay for contacts or eyeglass lenses once every 12 consecutive months and frames once every 24 consecutive months based on the schedule of benefits. Superior Vision offers you the flexibility of choice to keep your out-of-pocket costs low—you may opt to get your exam and materials at one location, or get your exam at one location and your materials at another.

Vision Care Services	In-Network	Out-of-Network
Comprehensive Vision Exam (every 12 months)	Covered in full after a \$10 copay	Ophthalmologist up to \$42 retail Optometrist up to \$37 retail
Standard Lenses (every 12 months)	\$10 materials co-payment* Single Vision covered in full Bifocal covered in full Trifocal covered in full Progressives (see benefits schedule for details) Polycarbonate for dependents to age 18 covered in full	Single Vision Lenses up to \$32 retail Bifocals up to \$46 retail Trifocals up to \$61 retail Progressives up to \$61 retail Polycarbonate – no benefit
Standard Frame (every 24 months)	\$130 allowance, plus 20% discount off amount over allowance	Up to \$68 retail
Contact Lens Fitting (CLF) (once every 12 months)	Standard CLF - covered in full Specialty CLF - up to \$50 allowance	Not covered
Contact Lenses (in lieu of eyeglasses once every 12 months)	*Elective- \$120 allowance Medically necessary – covered in full	Elective – up to \$100 retail Medically Necessary – up to \$210 retail
Refractive Eye Surgery for Lasik	Discount at participating providers only – for provider listing visit www.superiorvision.com	Not covered
*The above comparison is a summary only. Refer to the Superior Vision schedule of benefits on the City's website.		

This comparison of benefits is a basic summary for the vision plan. Refer to www.Arlingtontx.gov for the full description of benefits.

Vision Coverage terminates the last day of the month in which you are no longer eligible for benefits.

Important Retiree Program Information

Retiree Payments

As a result of a growing retiree population and escalating healthcare costs, the City finds it necessary to establish guidelines regarding non-payment of premiums to the City for benefit payments. Retirees are notified of the monthly payment when they retire and each year prior to January 1. **Benefit payments are due on the 1st of each month and must be paid in full on or before the due date.** Payments may be made monthly, quarterly, or annually. If payments are not received in the Finance Department by the 5th of the month, a 5% late fee will be imposed on each payment that is past due. A month's contribution and associated late fee must be paid in full no later than 60 days past the due date to avoid cancellation. If there are two payments past due, both months' premiums and associated late fees must be paid in full no later than 60 days past the first month's premium due date to avoid cancellation. Benefit payments also become past due when a check that was sent in is returned by the bank. Returned checks will incur the City's returned check fee of \$25. Payment must be made in full each month on the due date. Retirees with past due premiums and associated late fees due to non-payment or returned checks will be subject to cancellation of their health, dental and vision benefits if payments and associated late fees remain unpaid for 60 days.

Past Due 30 days – First Notice will be sent to retiree.

Past Due 45 days – Second Notice will be sent to retiree by certified mail.

Past Due 60 days – Cancellation Notice will be sent to retiree by certified mail.

If all payments and/or late fees are not received in full within the 60-day time frame, notice will be given to Human Resources to process a cancellation of the retiree's benefit coverage. Retirees who have had their coverage cancelled for late payment or non-payment **will NOT be eligible to reinstate their benefits**. If you have questions, please contact the Retiree/Payroll Clerk at 817-459-6300.



Automated Payment of Premium

To make the payment of premium as seamless as possible, the City can now set retirees up for automated payment of their monthly premiums through ANY financial institution. The necessary forms are located at www.arlingtontx.gov in the Retiree section and can be filed with the City at any time of the year.

Retirees currently paying premiums through the Arlington Federal Credit Union do not need to do anything; the City will update the 2014 premiums accordingly.

Retired Public Safety officers, currently paying premiums through TMRS deduction, need to update their premiums each year. An updated TMRS-HLPS form must be completed and submitted to TMRS prior to the first of the year. The form can be found at www.TMRS.com.

Retiree Personal Information Update!

It is the responsibility of all participants to notify the City of any changes in address, e-mail address and phone number. Please mail to:

City of Arlington
Human Resources
PO Box 90231, MS 63-0790
Arlington, TX 76004-3231

Declining Coverage or Cancellation of Coverage

Retirees may decline medical, dental, and vision coverage by completing the Waiver section on the Retiree Enrollment/Change form. If you are declining enrollment for yourself or your dependents (including your spouse) because of other employer-based health insurance coverage, you may in the future be able to enroll yourself and your dependents in the City's plan, provided that you request enrollment within 30 days after your other coverage ends. Waiver of coverage for any reason other than enrollment in an employer-based insurance plan is a permanent waiver and retirees will not be permitted to re-enroll in the City's retiree insurance plans.

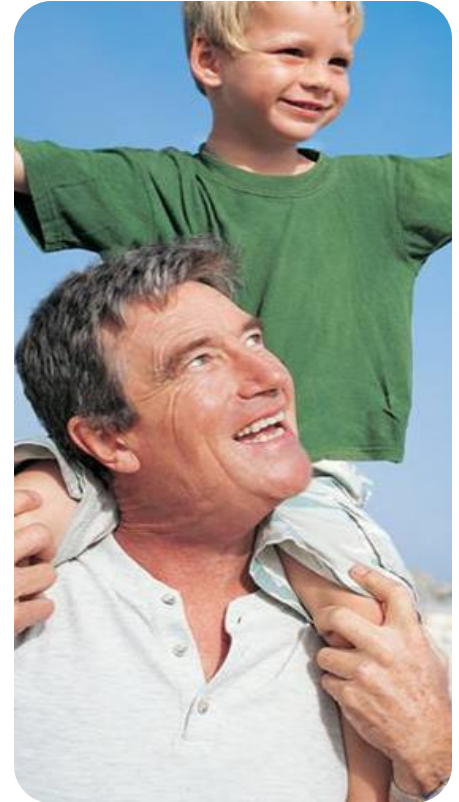
The City will offer you the opportunity to enroll and/or make changes to your coverage for the following reasons:

- At the time of Retirement (must enroll by the last day of the month of retirement)
- Loss of employer-based coverage (must enroll within 30 days of loss of coverage)
- If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption (as outlined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)).
- During the annual enrollment period (change of plan or coverage level only)

The retiree will be eligible for the City contribution in place at the time of re-enrollment for themselves and their dependents based on their applicable years of service with the City. Retirees must be enrolled in the same coverage as their spouse or child.

SURVIVING SPOUSES

Surviving spouses may continue the medical coverage enrolled in at the time of a retiree's death. The surviving spouse must contact Human Resources at the time of the retiree's death to request the necessary paperwork to continue coverage. Coverage terminates when a surviving spouse remarries. A surviving spouse who drops or declines coverage for any reason will not have the option to enroll at a later date.



General Notice

Continuation Coverage Rights under COBRA

Introduction

You are receiving this notice because you have recently become covered under The City of Arlington Texas group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It may also become available to other members of your family who are covered under the Plan when they otherwise would lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an retiree, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, (Example: status change from FT to PT), or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an retiree, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-retiree dies;
- The parent-retiree's hours of employment are reduced;
- The parent-retiree's employment ends for any reason other than his or her gross misconduct.
- The parent-retiree becomes entitled to Medicare benefits (under Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

General Notice

Sometimes, filing a bankruptcy proceeding under title 11 of the United States Code can be a qualifying event. If a proceeding bankruptcy is filed with respect to The City of Arlington Texas, and that bankruptcy results in loss of coverage for any retired retiree under the Plan, the retired retiree will become a qualified beneficiary with respect to the bankruptcy. The retired retiree's spouse, surviving spouse, and dependent children also will become qualified beneficiaries if bankruptcy results in loss of their coverage under the Plan.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction in hours of employment, death of the retiree, commencement of a bankruptcy proceeding with respect to the employer, or the retiree's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For other qualifying events (divorce of the retiree and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: City of Arlington Texas, Attention: Human Resources, 101 S. Mesquite – Suite 790, PO Box 90231, MS 63-0790, Arlington, TX 76004-3231. If the qualifying event is divorce, you will need to provide a copy of the executed decree as documentation of the date of the divorce or legal separation.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each qualified beneficiary. Each qualified beneficiary has an independent right to elect COBRA continuation coverage. Covered retirees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the retiree, the retiree's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months.

When the qualifying event is the end of employment or reduction of the retiree's hours of employment, and the retiree became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the retiree lasts until 36 months after the date of Medicare entitlement. For example, if a covered retiree becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his or her spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months (36 months minus 8 months) after the date of the qualifying event. Otherwise, when the qualifying event is the end of employment or reduction of the retiree's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months.

There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

General Notice

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family might be entitled to receive an additional 11 months of COBRA continuation coverage, for a total of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must notify the Plan Administrator of the second qualifying event within 60 days of a second qualifying event. Notice must be sent to: City of Arlington Texas, Attention: Human Resources, 101 S. Mesquite – Suite 790, PO Box .90231, MS 63-0790, Arlington, TX 76004-3231. Please include a copy of your Social Security Determination letter.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, your spouse and dependent children can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension can become available to the spouse and dependent children receiving coverage if the retiree or former retiree dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if this second event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event occurred. In all of these cases, you must notify the Plan Administrator of the second qualifying event within 60 days of this second qualifying event. Notice must be sent to: City of Arlington Texas, Attention: Human Resources, 101 S. Mesquite – Suite 790, PO Box 90231, MS 63-0790, Arlington, TX 76004-3231. Please include a copy of the death certificate, Medicare card(s), or divorce/legal separation decree as applicable.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contacts identified in the next section of this notice. For more information about your rights, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Retiree Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa/. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep, for your records, a copy of any notices you send to the Plan Administrator.

Plan Contact Information

The Plan Administrator is City of Arlington Texas 817-459-6869. The Plan Administrator is responsible for administering COBRA continuation coverage. The City of Arlington, Texas has contracted with UnitedHealthcare to administer COBRA continuation coverage. All COBRA enrollments should be sent directly to UnitedHealthcare. Questions regarding COBRA elections and payments may be directed to UnitedHealthcare's Customer Service 1-866-747-0048.

Update September 2013

IMPORTANT MEDICARE PART D NOTICE

Important Notice from the City of Arlington about Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Arlington and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Arlington has determined that the prescription drug coverage offered by the UnitedHealthcare Optum Pharmacy Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because this coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Join A Medicare Drug Plan?

If you are an active employee or a dependent of an active employee eligible to join a Medicare drug plan and you enroll in a Medicare drug plan, your Optum Pharmacy Plan coverage will end. Active employees and/or their dependents eligible for Medicare are not required to enroll in another pharmacy plan and may remain in the Optum Pharmacy Plan only if not enrolled in a Medicare part D plan. For those active employees who elect Part D coverage, the city's Optum Pharmacy Plan will end for the employee and all covered dependents. The City's Optum Pharmacy plan does provide creditable pharmacy coverage.

Retirees and/or their dependents eligible for Medicare AND age 65 are not required to enroll in the UnitedHealthcare Medicare Part D pharmacy plan. However, pharmacy coverage ends in the Optum Pharmacy Plan upon attainment of age 65. The City offers the UnitedHealthcare Medicare Part D plan as a post 65 pharmacy option. Pre-65 retirees and/or dependents not eligible for Medicare may enroll in the Optum Pharmacy Plan.

If you do decide to join a Medicare drug plan and drop your current Optum Pharmacy plan through the City of Arlington, be aware that you and your dependents will not be able to get this coverage back.

NOTE: See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options available to Medicare eligible individuals that are eligible for Medicare Part D.

IMPORTANT MEDICARE PART D NOTICE

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Arlington and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join. You should also know that if you drop or lose your current coverage with the City of Arlington and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

For More Information about This Notice or Your Current Prescription Drug Coverage

Contact the person listed below for further information or call United Healthcare at 1-866-844-4867 regarding your UnitedHealthcare Optum Pharmacy Plan. NOTE: You'll get this notice each year. You will also get it before the next open enrollment period when you can join a Medicare drug plan and if this coverage through the City's Optum Pharmacy Plan changes. You may view this notice on the City's website located at www.arlingtontx.gov. (Refer to Retirees / City Benefits.) You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

(Last review 9/20/13)

Human Resources Department
City Tower, Seventh Floor
101 S. Mesquite St., Suite 790 • Arlington, TX 76010 • 817-459-6869

Additional information and benefit links will be found on the Human Resources Portal

IMPORTANT CHIPRA NOTICE

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer- sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at **www.askebsa.dol.gov** or by calling toll-free **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2013. You should contact your state for further information on eligibility.

To see if any more States have added a premium assistance program since January 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

OMB Control Number 1210-0137 (expires 09/30/2013)

IMPORTANT CHIPRA NOTICE

ALABAMA – Medicaid
http://www.medicaid.alabama.gov Phone: 1-855-692-5447
ALASKA – Medicaid
http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone: (Anchorage) 907-269-6529 (Outside of Anchorage) 1-888-318-8890
ARIZONA – CHIP
http://www.azahcccs.gov/applicants Phone: (Maricopa County) 602-417-5437 (Outside Maricopa County): 1-877-764-5437
COLORADO – Medicaid
http://www.colorado.gov/Medicaid Phone: (in-state) 1-800-866-3513 (out of state) 1-800-221-3943
FLORIDA – Medicaid
https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268
GEORGIA – Medicaid
http://dch.georgia.gov/ Click "Programs", then "Medicaid", then "Health Insurance Premium Payment" (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid and CHIP
www.accesstohealthinsurance.idaho.gov (MEDICAID) Phone: 1-800-926-2588 (MEDICAID)
www.medicaid.idaho.gov (CHIP) Phone: 1-800-926-2588 (CHIP)
INDIANA – Medicaid
http://www.in.gov/fssa Phone: 1-800-889-9949
IOWA – Medicaid
www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid
http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884
KENTUCKY – Medicaid
http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
LOUISIANA – Medicaid
http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447
MAINE – Medicaid
http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741
MASSACHUSETTS – Medicaid and CHIP
http://www.mass.gov/MassHealth Phone: 1-800-462-1120
MINNESOTA – Medicaid
http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid
http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
NEBRASKA – Medicaid
www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
NEVADA – Medicaid
http://dwss.nv.gov/ Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
NEW JERSEY – Medicaid and CHIP
http://www.state.nj.us/humanservices/dmahs/clients/medic_aid/ (MEDICAID) Phone: 609-631-2392 (MEDICAID)
http://www.njfamilycare.org/index.html (CHIP) Phone: 1-800-701-0710 (CHIP)
NEW YORK – Medicaid
http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
http://www.ncdhhs.gov/dma Phone: 919-855-4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid and CHIP
http://www.oregonhealthykids.gov Phone: 1-877-314-5678
PENNSYLVANIA – Medicaid
http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462
RHODE ISLAND – Medicaid
www.ohhs.ri.gov Phone: 401-462-5300
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid
http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
https://www.gethiptexas.com/ Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
http://health.utah.gov/upp Phone: 1-866-435-7414
VERMONT– Medicaid
http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
http://www.dmas.virginia.gov/rcp-HIPP.htm (MEDICAID) Phone: 1-800-432-5924 (MEDICAID)
http://www.famis.org/ (CHIP) Phone: 1-866-873-2647 (CHIP)
WASHINGTON – Medicaid
http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid
www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
WISCONSIN – Medicaid
http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

VENDOR CONTACTS

UnitedHealthcare Medical Plans Group #702632	Under Age 65 Medical HDHP EPO	1.866.314.0335 1.866.633.2446	www.myuhc.com
UnitedHealthcare Medicare Solutions Connector Model	Age 65 Plus Medicare Plans	1.877.791.9964	www.myuhcplans.com
UHC Care-24	Retiree Assistance Program (EAP)	1.888.887.4114	www.liveandworkwell.com
Delta Dental	DHMO – TX15B PPO High & Low Plans – TX16442	1.800.422.4234 1.800.521.2651	www.deltadentalins.com
Superior Vision	Vision	1.800.507.3800	www.superiorvision.com
Optum Bank	Individual HSA Account	1.800.791.9361	www.myuhc.com
Medicare		1.800.633.4227	www.medicare.gov
Social Security Administration		1.800.772.1213	www.socialsecurity.gov
Retirement Plans			
TMRS – City #00052	Texas Municipal Retirement System	1.800.924.8677	www.tmrs.com
ICMA – RC Plan# 106061 Plan# 301966	401(k) Thrift Plan 457 Savings Plan	1.800.669.7400	www.icmarc.com
Mike Mendenhall ICMA – RC Consultant	Enrollment Assistance Retirement Planning	1.800.290.7160	mmendenhall@icmarc.org
Karen Gordon ICMA-RC Consultant	Enrollment Assistance Retirement Planning	1.866.886.8023	kgordon@icmarc.org

“The information contained in this guide should in no way be construed as a promise or guarantee of employment or benefits. The City of Arlington reserves the right to modify, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this guide and the actual plan document or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies, and plan documents available from Human Resources.”

